

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-038857**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 31 Primary Registration District No. 5708 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 29 1963**

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where Deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WILLIAMS</b>		c. CITY OR TOWN <b>COLE CAMP</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 Mi. N.E. Cole Camp</b>		d. STREET ADDRESS (If outside, give location) <b>6 Mi. N.E. Cole Camp</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Holda CATHERINE BAHRENBURG</b>			4. DATE OF DEATH Month Day Year <b>OCT. 22, 1963</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-12-1906</b>
9. AGE (last birthday) <b>57 Yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE KEEPING</b>	11. BIRTHPLACE (City and state or country) <b>Cole Camp, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>AUGUST HOLTZEN</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA SCHNAKENBERS</b>	
14. NAME OF HUSBAND OR WIFE <b>Louis BAHRENBURG</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT Address <b>LOUIS BAHRENBURG, Cole Camp, Mo. RT. 3</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b>			
DUE TO (b) <b>PULMONARY EDEMA</b>			
DUE TO (c) <b>CARCINOMATOSIS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CARCINOMA OF THE COLON</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Feb. 1963</b> to <b>Oct. 22</b> and last saw her <u>live</u> on <b>Oct. 22, 1963</b> Death occurred at <b>5:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Arthur Douglas</i>		22b. ADDRESS <b>Cole Camp, Mo.</b>	
22c. DATE SIGNED <b>10/22/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-24-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>BENTON COUNTY MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>CHARLES F. FOX Cole Camp, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 29, 1963</b>	26. REGISTRAR'S SIGNATURE <i>E. J. Eckhoff</i>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*[Handwritten notes and signatures at the bottom of the page, including "Approved" and "2/11/1912"]*